

Please type a plus sign (+) inside this box → PTO/SB/05 (4/98)
Approved for use through 09/30/2000 OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. MI22-1657

First Inventor or Application Identifier Cem Basceri

Title Chemical Vapor Deposition Methods of Forming Barium

Express Mail Label No. EL 465782231 US

109718512321
PTO/SB/05 (4/98)
Approved for use through 09/30/2000 OMB 0651-0032

07/13/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. * Fee Transmittal Form (e.g., PTO/SB/17) w/ Check
(Submit an original and a duplicate for fee processing)

2. Specification [Total Pages 32] Plus title page
(preferred arrangement set forth below)
- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. Drawing(s) (35 U.S.C. 113) [Total Sheets 2]

4. Oath or Declaration [Total Pages 2]
a. Newly executed (original or copy)
b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
i. DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

5. Microfiche Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. Computer Readable Copy
b. Paper Copy (identical to computer copy)
c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))
8. 37 C.F.R. §3.73(b) Statement Power of
(when there is an assignee) Attorney

9. English Translation Document (if applicable)

10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
Statement (IDS)/PTO-1449 Citations

11. Preliminary Amendment

12. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

13. * Small Entity Statement(s) Statement filed in prior application
(PTO/SB/09-12) Status still proper and desired

14. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

15. Other. Power of Attorney/Certificate
by Assignee

* NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP) of prior application No. /

Prior application information: Examiner

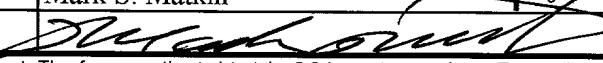
Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	021567		or <input type="checkbox"/> Correspondence address below		
(Insert Customer No. or Attach bar code label here)					
Name	Mark S. Matkin				
Wells, St. John, Roberts, Gregory & Matkin P.S.					
Address	601 West First Avenue, Suite 1300				
City	Spokane	State	WA	Zip Code	99201-3828
Country	Telephone		509-624-4276		Fax 509-838-3424

Name (Print/Type) Mark S. Matkin Registration No. (Attorney/Agent) 32,268

Signature  Date 7-13-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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FEE TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12
See 37 CFR §§ 1.27 and 1.28

TOTAL AMOUNT OF PAYMENT (\$1,708.00)

Complete if Known	
Application Number	Unknown
Filing Date	Filed Herewith
First Named Inventor	Cem Basceri
Examiner Name	Unknown
Group / Art Unit	Unknown
Attorney Docket No.	MI22-1657



METHOD OF PAYMENT (check one)					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to					
Deposit Account Number	23-0925				
Deposit Account Name	Wells, St. John, Roberts et al.				
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17					
2. <input checked="" type="checkbox"/> Payment Enclosed:					
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Money <input type="checkbox"/> Order <input type="checkbox"/> Other					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Fee	Small Entity Fee	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 690	201 345	Utility filing fee		710.00	
106 310	206 155	Design filing fee			
107 480	207 240	Plant filing fee			
108 690	208 345	Reissue filing fee			
114 150	214 75	Provisional filing fee			
SUBTOTAL (1) (\$ 710.00)					
2. EXTRA CLAIM FEES					
Total Claims	Extra Claims	Fee from below	Fee Paid		
51	-20**	= 31	x 18	= 558	
Independent Claims	8	- 3**	= 5	x 80	= 400
Multiple Dependent					= 0
*For number previously paid, if greater; For Reissues see below					
Large Entity Fee	Small Entity Fee	Fee Description			
103 18	203 9	Claims in excess of 20			
102 78	202 39	Independent claims in excess of 3			
104 260	204 130	Multiple dependent claim, if not paid			
109 78	209 39	** Reissue independent claims over original patent			
110 18	210 9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$ 958.00)					

3. ADDITIONAL FEES	Fee Description	Fee Paid
Large Entity Fee	Small Entity Fee	Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Description
105 130	205 65	Surcharge - late filing fee or oath
127 50	227 25	Surcharge - late provisional filing fee or cover sheet
139 130	139 130	Non-English specification
147 2,520	147 2,520	For filing a request for reexamination
112 920*	112 920*	Requesting publication of SIR prior to Examiner action
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action
115 110	215 55	Extension for reply within first month
116 380	216 190	Extension for reply within second month
117 870	217 435	Extension for reply within third month
118 1,360	218 680	Extension for reply within fourth month
128 1,850	228 925	Extension for reply within fifth month
119 300	219 150	Notice of Appeal
120 300	220 150	Filing a brief in support of an appeal
121 260	221 130	Request for oral hearing
138 1,510	138 1,510	Petition to institute a public use proceeding
140 110	240 55	Petition to revive - unavoidable
141 1,210	241 605	Petition to revive - unintentional
142 1,210	242 605	Utility issue fee (or reissue)
143 430	243 215	Design issue fee
144 580	244 290	Plant issue fee
122 130	122 130	Petitions to the Commissioner
123 50	123 50	Petitions related to provisional applications
126 240	126 240	Submission of Information Disclosure Stmt
581 40	581 40	Recording each patent assignment per property (times number of properties)
146 690	246 345	Filing a submission after final rejection (37 CFR § 1.129(a))
149 690	249 345	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify) _____		
Other fee (specify) _____		
* Reduced by Basic Filing Fee Paid		
SUBTOTAL (3) (\$ 40.00)		

SUBMITTED BY		Complete if applicable	
Name (Print/Type)	Mark S. Matkin	Registration No (Attorney/Agent)	32,268
Signature		Telephone	509-624-4276
Date	7-13-01		

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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